



**CHARTER TOWNSHIP OF WATERFORD
CLERK'S OFFICE**

5200 Civic Center Dr. • Waterford, MI 48329
Phone 248-674-6266 • Fax 248-674-5455
Web Page www.twp.waterford.mi.us

**TEEN CLUB ESTABLISHMENT
APPLICATION**

CLERK'S USE ONLY

Date Received: _____ Non-Refundable Application Fee \$200.00 Paid

Date Sent to Depts. _____ Response from Police: _____ Response from Fire _____

Response from Zoning _____ Response from Treasurer _____ Response from DPW _____

Response from Building _____ Date of Township Board Action: _____ Final Action: _____

1. Contact information

NAME	
EMAIL ADDRESS	PHONE

2. Business Location

BUSINESS NAME	
LEGAL DESCRIPTION OF PROPERTY	ZONING OF PROPERTY
IF LICENSEE HAS A LEASE HOLD INTEREST IN THE PREMISES STATE THE DATE OF EXPIRATION	HOURS OF OPERATION

3. Business Owner Information

OWNER NAME	PHONE NUMBER	AGE	
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			

4. Property Owner Information (if different from Business Owner)

NAME	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			

5. Has applicant made application to the Planning Division for Special Approval of the operation of the business under Ordinance #135 (Zoning Ordinance)? Yes No

6. This license will be held by:

- Individual (**Attach** copy of any Assumed Name Certificate)
- Partnership (**Attach** a copy of Partnership Certificate)
- Corporation (**Attach** a copy of Articles of Incorporation)

7. Complete the following information on each owner/partner/stockholder/manager (attach additional sheets if needed):

NAME	TYPE OF INTEREST (OWNER, MANAGER, ETC)		PHONE NUMBER
ANY OTHER NAME OR ALIAS THIS INDIVIDUAL HAS BEEN KNOW BY	DRIVER'S LICENSE NUMBER		DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE
LIST ALL FELONY AND MISDEMEANOR CONVICTIONS	ARRESTING AGENCY		DATE
LIST ALL FELONY AND MISDEMEANOR CONVICTIONS	ARRESTING AGENCY		DATE
FINGERPRINTED AT THE WATERFORD POLICE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (Owners and stockholders only)			

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FINGERPRINTED AT THE WATERFORD POLICE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (Owners and stockholders only)			

8. I, the undersigned applicant, have read and understand each and every provision and requirement of **Waterford Township Code Chapter 10 Article III** regarding the regulation of Teen Club Establishment activities in the Township; and I will provide such other information that the Township requests and deems necessary, in its reasonable discretion, to discover the truth of the matters required to be set forth in this application or required by Township Ordinances. It is understood and agreed by the undersigned that no license shall be issued until the Police Department, Fire Department, Building Division and Planning Division in Development Services of Waterford Township shall have furnished their reports to the Township Board.

I, THE UNDERSIGNED APPLICANT, HEREBY SWEAR THAT ALL OF THE STATEMENTS, ANSWERS AND INFORMATION I HAVE PROVIDED IN OR AS PART OF THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. AND I UNDERSTAND AND ACKNOWLEDGE THAT ANY FALSEHOODS OR MISREPRESENTATIONS CONTAINED IN SUCH STATEMENTS, ANSWERS OR INFORMATION CAN, AMONG OTHER THINGS, BE THE CAUSE OF A DENIAL OF THE REQUESTED LICENSE AND CAUSE FOR THE REVOATION OF ANY LICENSE ISSUED TO THE APPLICANT UNDER CHAPTER 10 OF THE WATERFORD TOWNSHIP CODE.

DATE: _____

SIGNED: _____

PRINT NAME: _____